



# **Are You Asking Your Patients the Right Questions?**

**6<sup>th</sup> Annual Dental Health Promotion  
Track**

**9 August 2006**

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# Familiar Sight



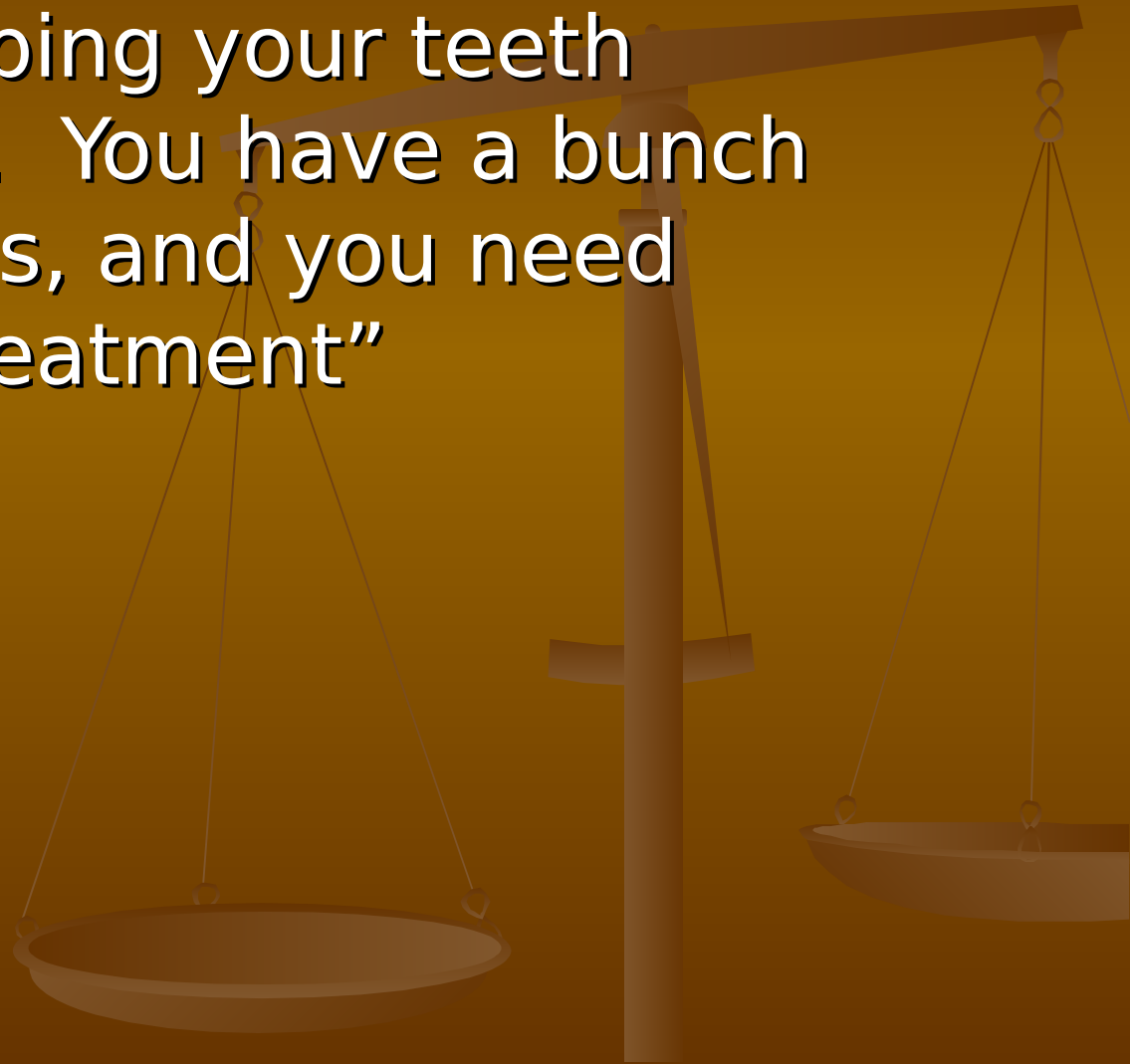
# Why Don't People Change?

Common health professional views and responses:

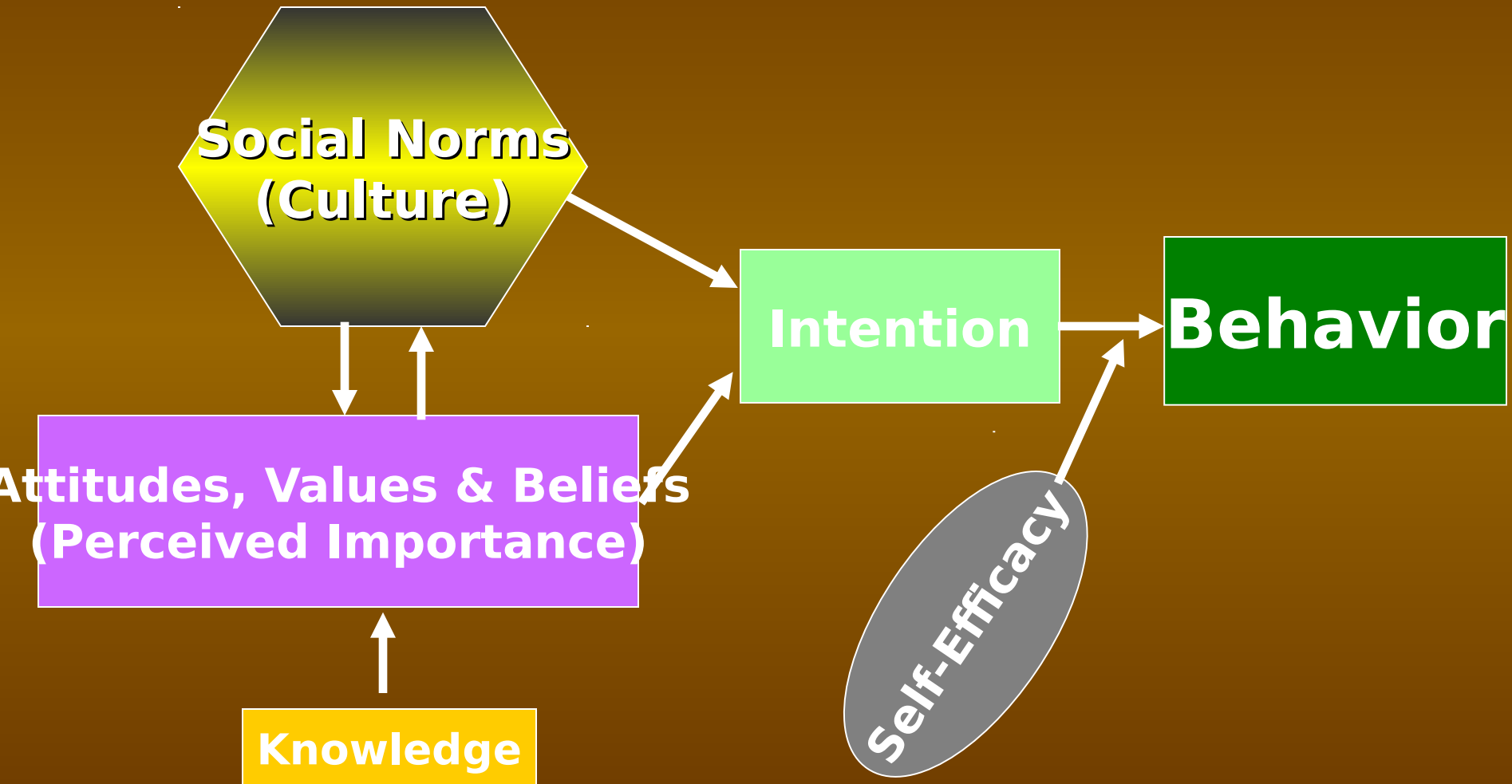
1. They don't see – *Make them see*
2. They don't know – *Educate them*
3. They don't know how – *Teach them skills*
4. They don't care – *Bully them*

# Offering Info or Advice

“You aren’t keeping your teeth clean enough. You have a bunch of new cavities, and you need periodontal treatment”



# Theory of Planned Action



# Why Do People Change?

## Trans-Theoretical Model

Prochaska & DiClemente, 1998

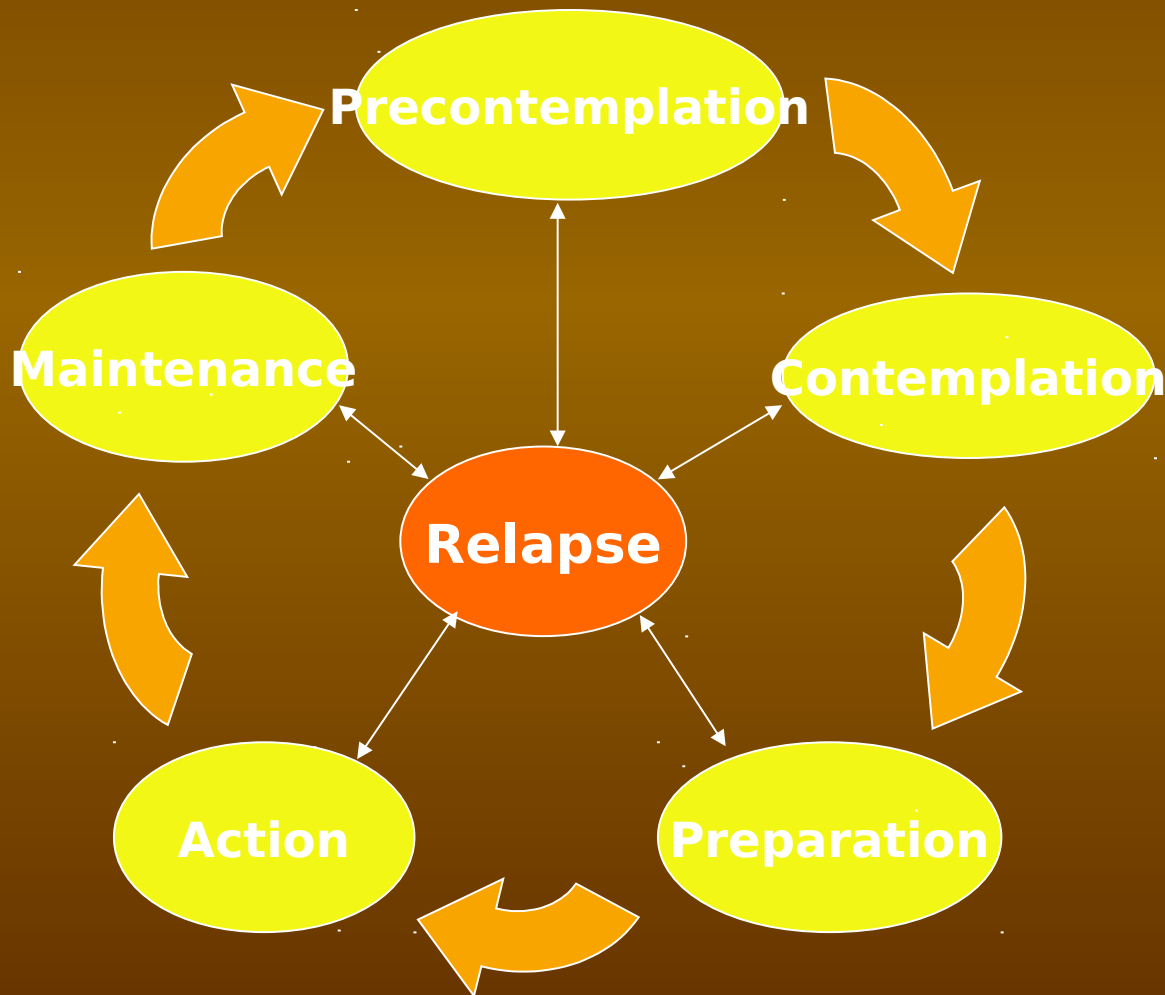
Cancer Prevention Research Center  
(CPRC)

<http://www.cprc.unc.edu>



# Why Do People Change?

Trans-Theoretical  
Model,  
modified



# Brief Note about Relapse...

- Caused by Distress

*The average American, if not prepared, will cope with distress by eating more junk food, drinking more alcohol, smoking more cigarettes, taking more over-the-counter drugs, or under-the-counter drugs.*

*We are a society that copes with distress with some form of oral behavior.*

*- J. O. Prochaska, Ph.D*

- Have Plan A, Plan B, Plan C



# Why Do People Change?

- Intervention results mirror natural change
- Most change happens right away
- What people say about change is important
- Clinician is a significant determinant of treatment outcome

# Critical Counselor Conditions

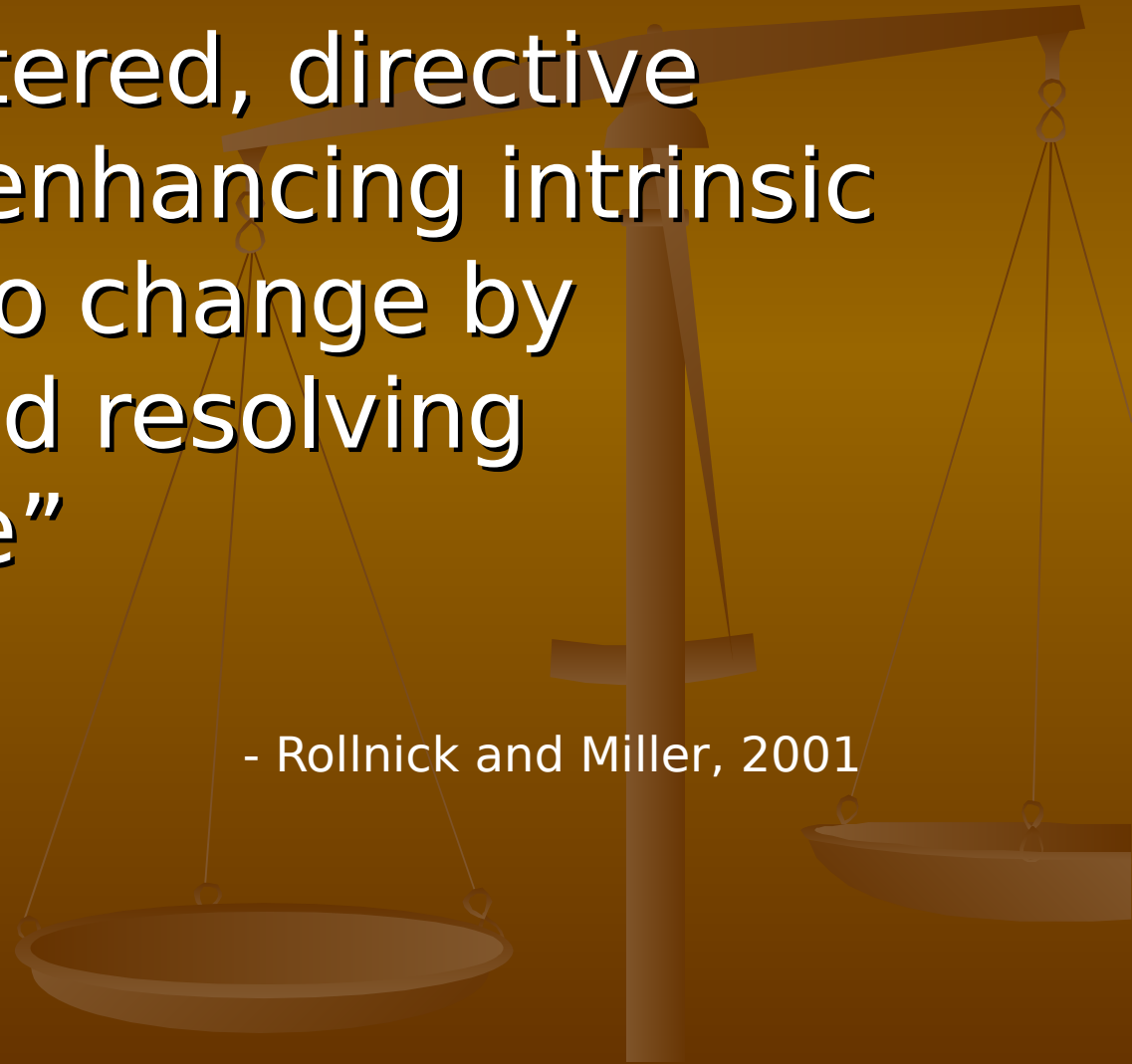
- Accurate Empathy
- Nonpossessive warmth
- Genuineness
- Patience



# What is Motivational Interviewing?

“ a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence”

- Rollnick and Miller, 2001



# Objectives

- Name the four principles of motivational interviewing
- Describe the fundamental counseling methods used in motivational interviewing
- Use Rollnick's confidence scales to assess motivation and self-efficacy
- Use open-ended questions to elicit values and change talk
- Use reflective listening to select and affirm values and change talk
- Summarize patient's own change motivations

# MI Findings



1. More effective than no treatment
2. Adding MI improves outcomes
3. MI outcomes mirror high-intensity counseling methods.

— MI is *worth trying*

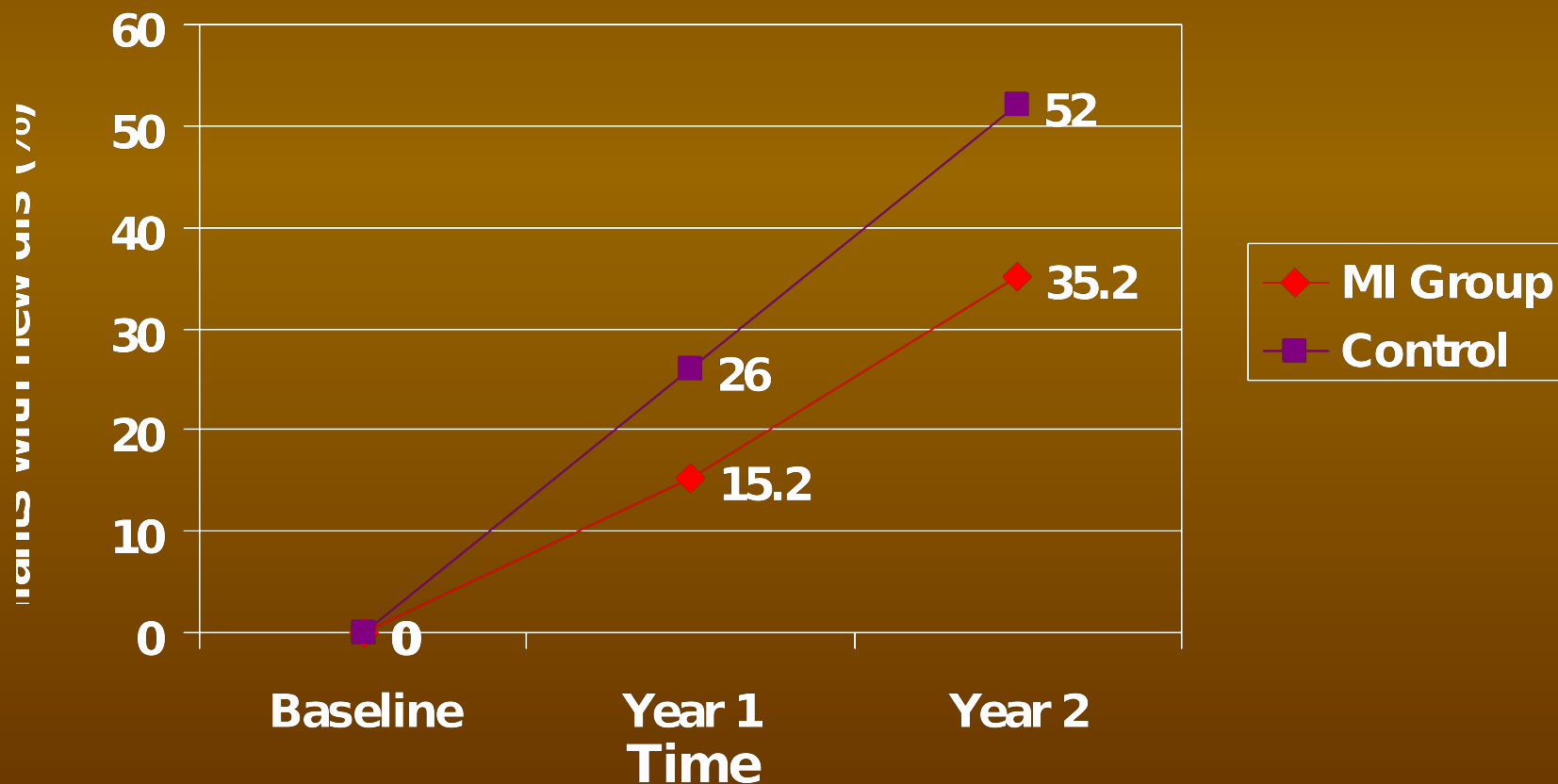
# Applications of MI

- Alcohol
- Drug abuse
- **Smoking**
- HIV risk behavior
- Treatment adherence
- **Diet modification**



# MI in Dental Settings

- Mothers of infants 6-18 mos (n=240)



# MI in Dental Settings

- Dental students trained in MI counseling techniques for tobacco cessation
- Results
  - Knowledge and use of 5 As increased
  - Increased patient referrals to quit-line
  - Increase in filled prescriptions
  - Improved documentation of tobacco use



# General Principles of MI

1. Express empathy
2. Develop discrepancy
3. Roll with resistance
4. Support self-efficacy

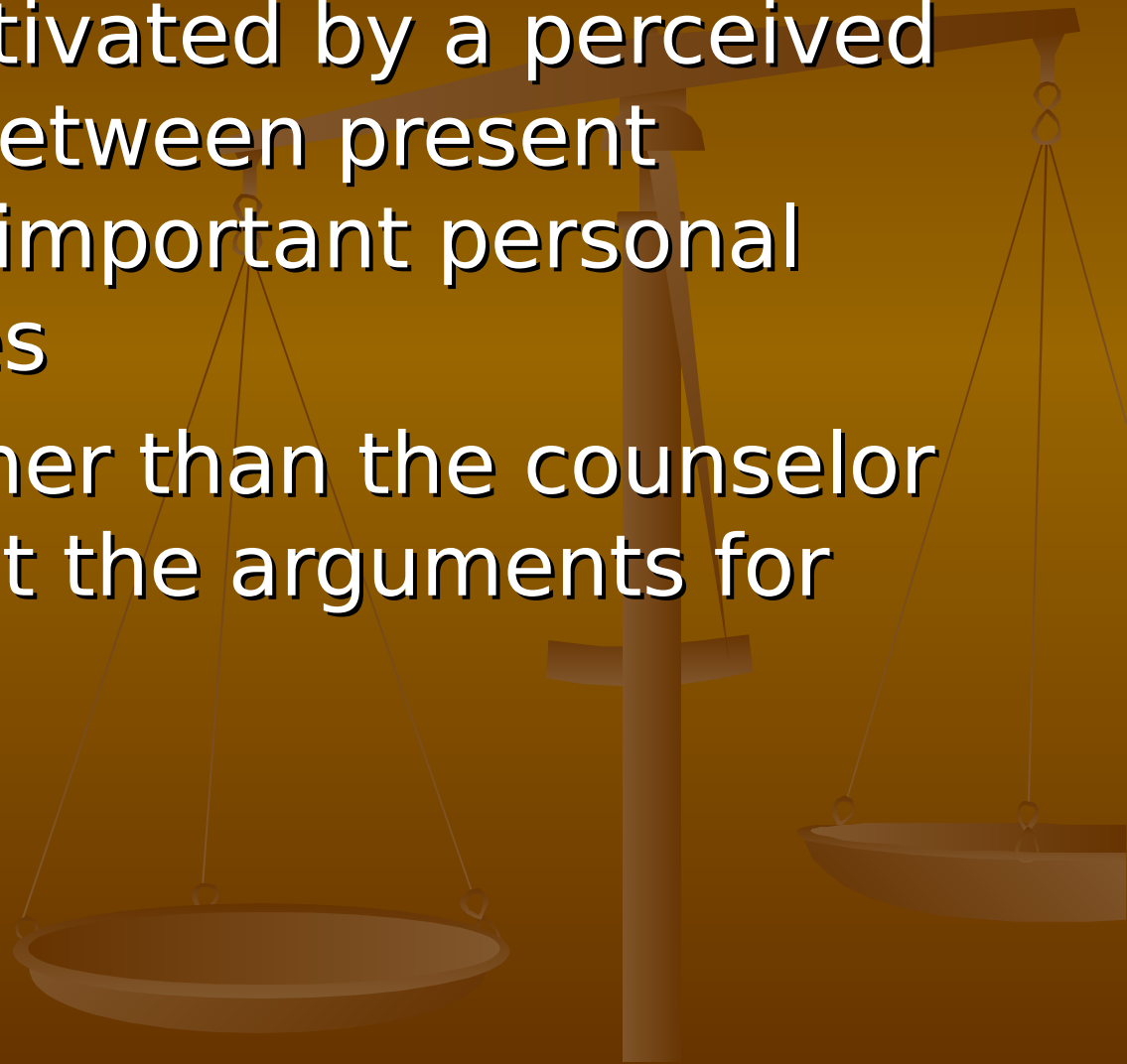
# Expressing Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal

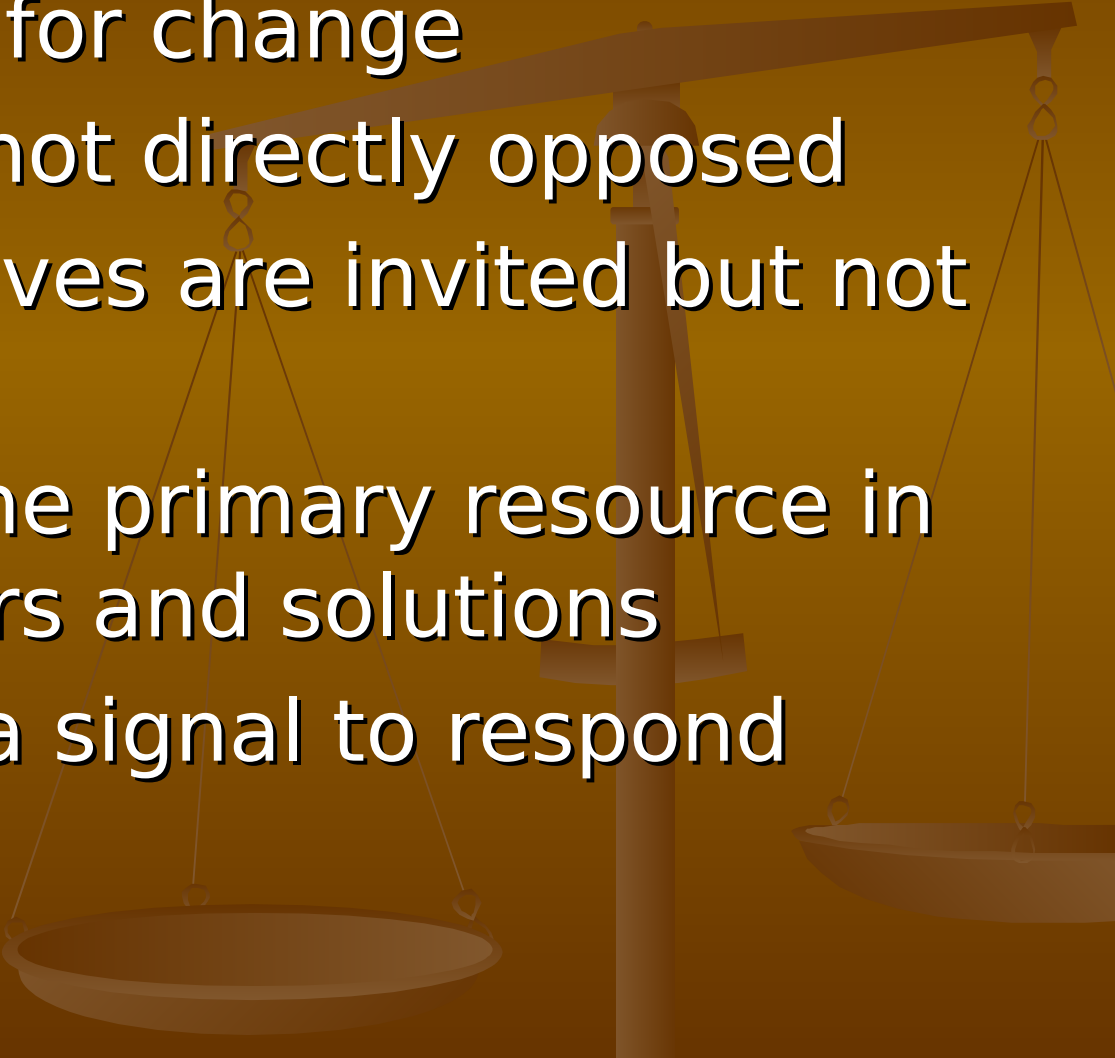


# Developing Discrepancy

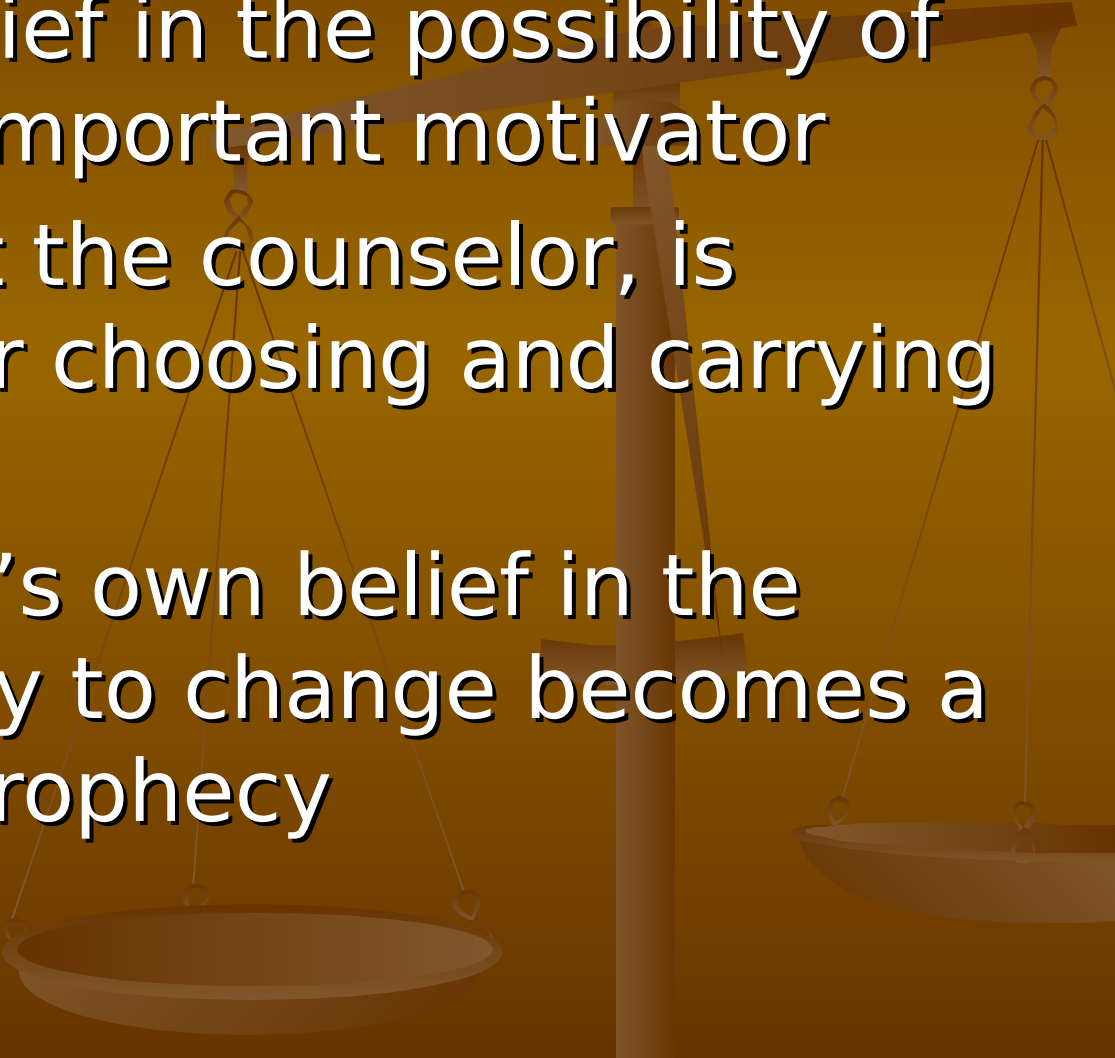
- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values
- The client rather than the counselor should present the arguments for change



# Rolling with Resistance

- Avoid arguing for change
  - Resistance is not directly opposed
  - New perspectives are invited but not imposed
  - The client is the primary resource in finding answers and solutions
  - Resistance is a signal to respond differently
- 

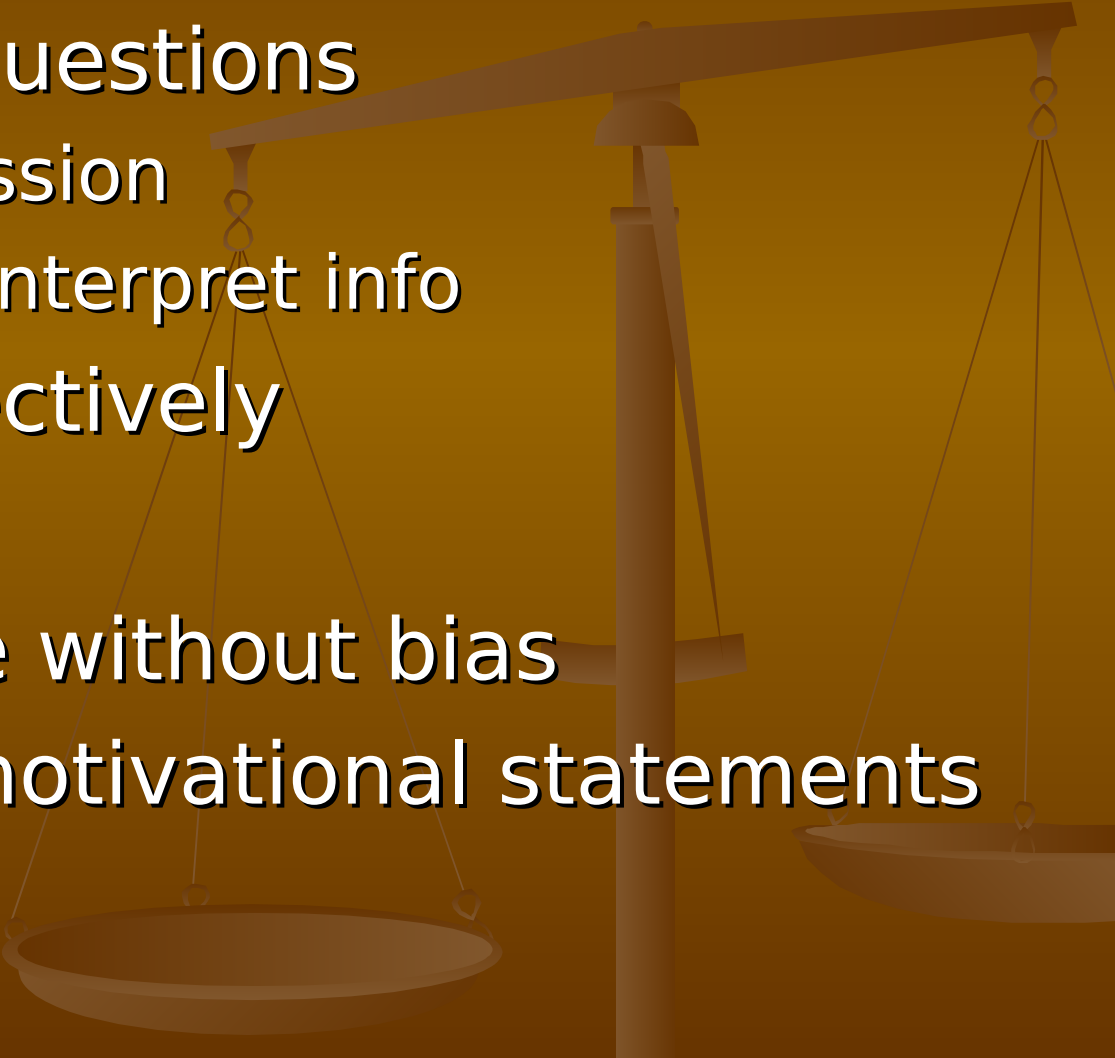
# Supporting Self-efficacy

- A person's belief in the possibility of change is an important motivator
  - The client, not the counselor, is responsible for choosing and carrying out change
  - The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy
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# Assess Stage of Change



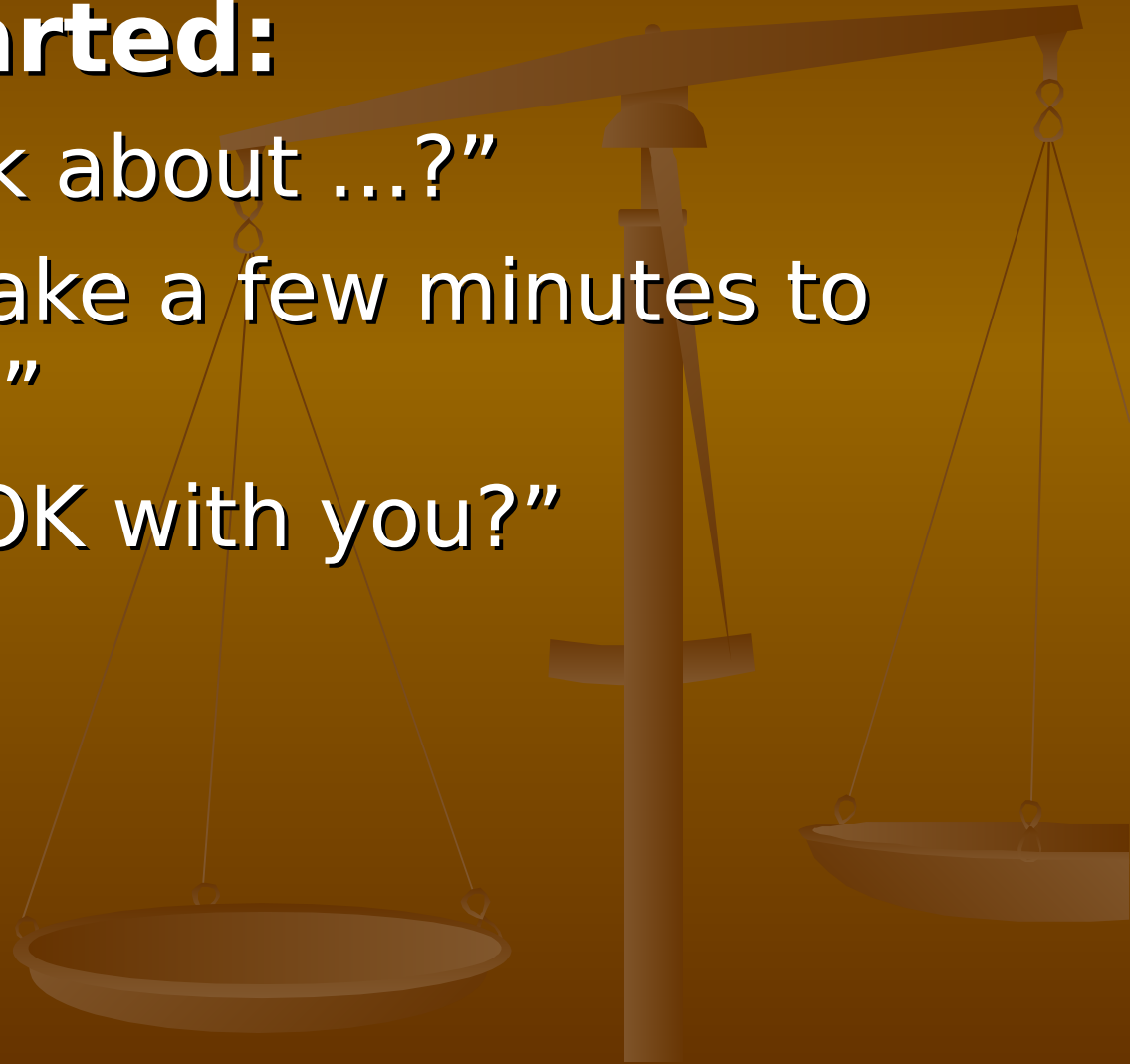
# Fundamental MI Methods

1. Ask open questions
    - Get permission
    - Let client interpret info
  2. Listen reflectively
  3. Affirm
  4. Summarize without bias
  5. Elicit self-motivational statements
- 

# Getting Permission

## Getting started:

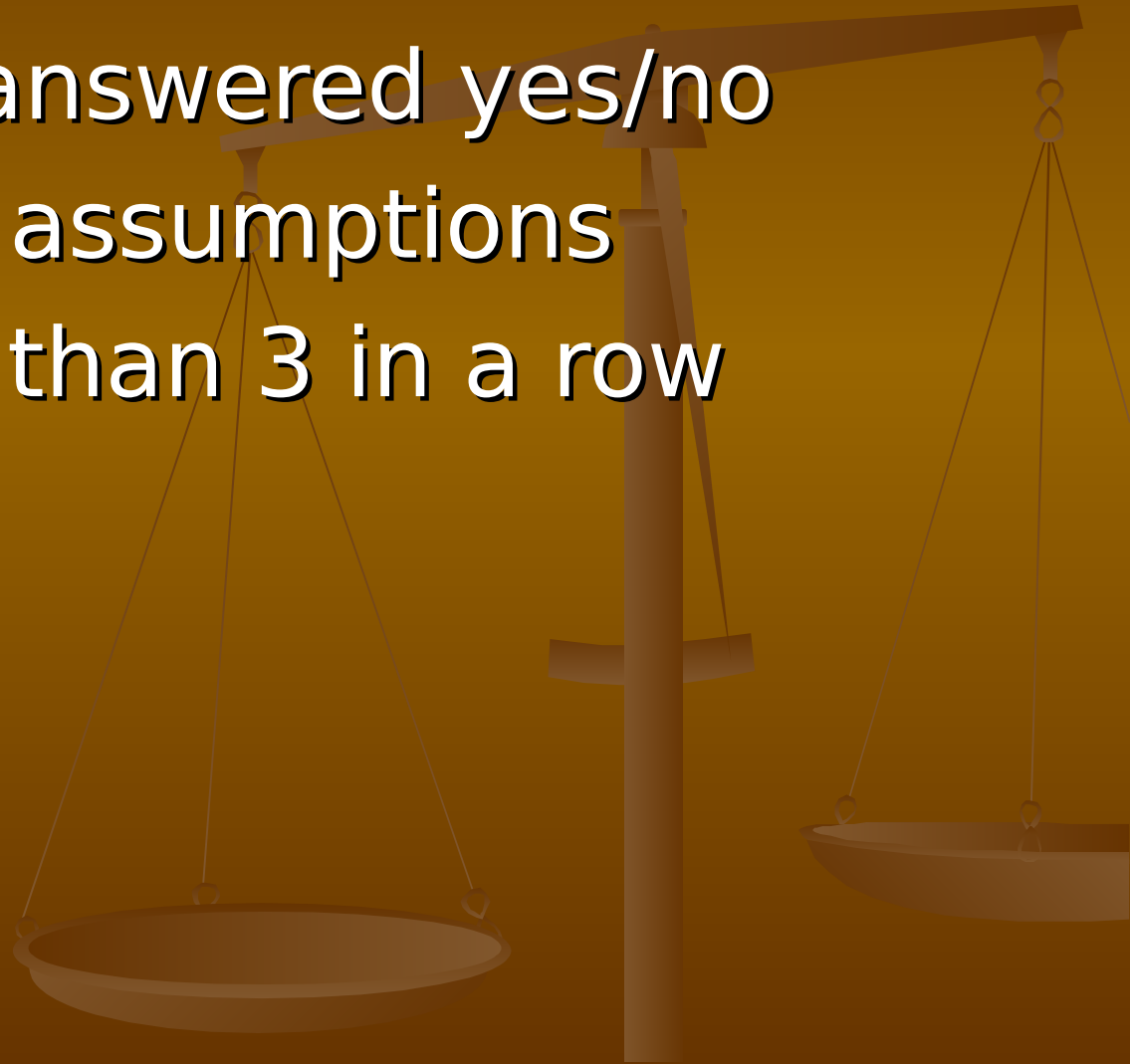
- “Can we talk about ...?”
- “I’d like to take a few minutes to talk about...”
- “... ,is that OK with you?”





# Open-Ended Questions

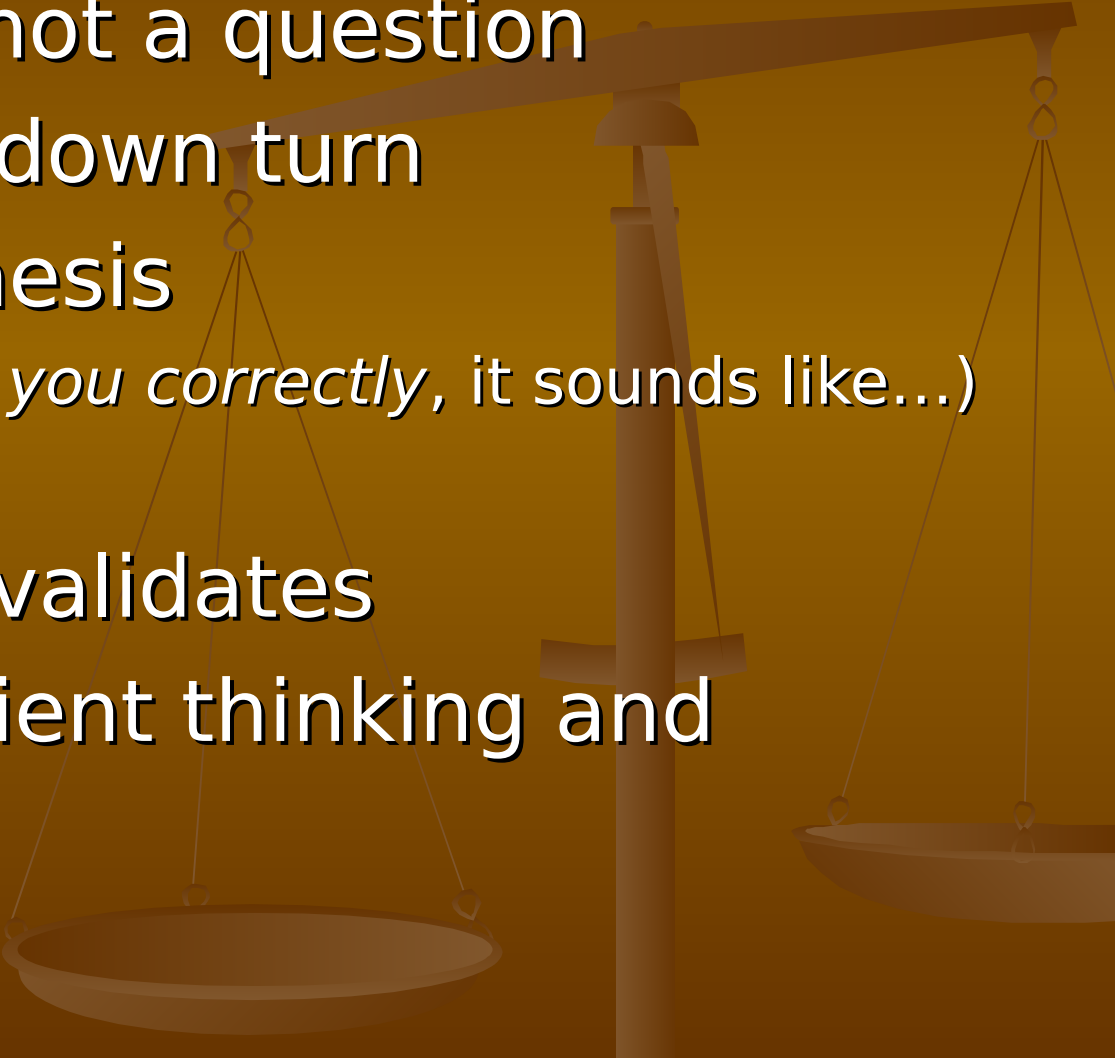
- Can't be answered yes/no
- Have few assumptions
- Not more than 3 in a row



# Open-ended Questions

- “How would you describe yourself...”
- “Tell me about yourself, what things are most important to you...”
- “Tell me about your... (smoking, snacking, drinking)”
- “Do you think...”
- “Help me understand why you...”
- “Can you tell me how often...”
- “What, if anything, do you...”

# Empathic Reflection

- Statement, not a question
  - Ends with a down turn
  - Tests hypothesis  
*(If I understand you correctly, it sounds like...)*
  - Affirms and validates
  - Keeps the client thinking and talking
- 

# Empathic Reflection

		<u><b>HAPPINESS</b></u>	<u><b>ANGER</b></u>	<u><b>SADNESS</b></u>
<b>STRONG</b> 		Delirious	Enraged	Despondent
	Very	Overjoyed	Incensed	Joyless
		Delighted	Furious	Depressed
		Tickled	Irate	Gloomy
	Somewhat	Cheery	Mad	Blue
		Chipper	Angry	Downhearted
		Happy	Sore	Low
	A Little	Glad	Upset/irked	Down
		Pleased	Irritated/annoyed	Unhappy
<b>WEAK</b>		Content	Bothered	A little low

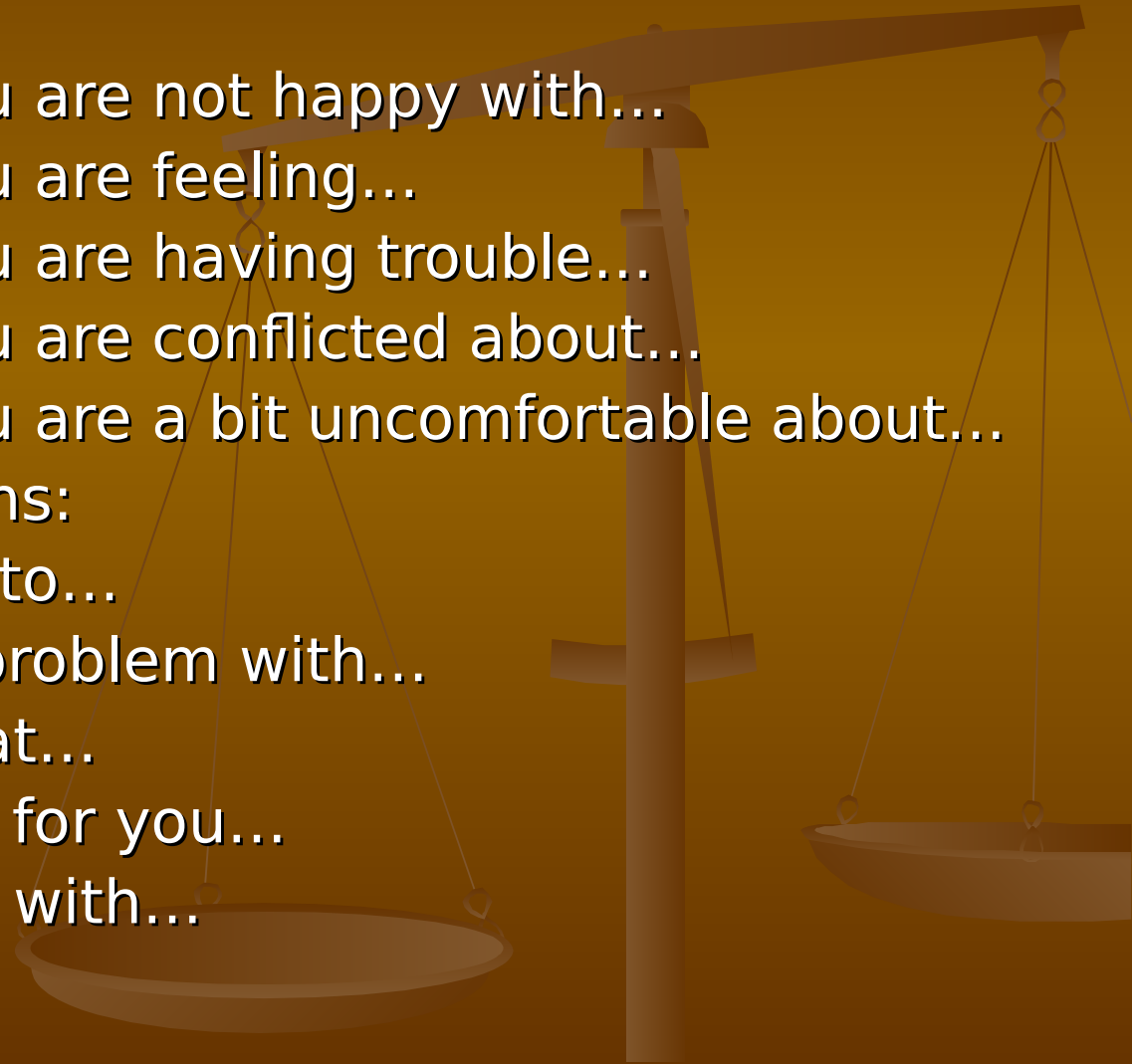
# Empathic Reflection

Safe lead-ins:

- It sounds like you are not happy with...
- It sounds like you are feeling...
- It sounds like you are having trouble...
- It sounds like you are conflicted about...
- It sounds like you are a bit uncomfortable about...

Truncated reflections:

- You're not ready to...
- You're having a problem with...
- You're feeling that...
- It's been difficult for you...
- You're struggling with...



# Summarizing



Begin:

- OK, Let me see if I understand what you've told me ...
- This is what I've heard so far...
- So it sounds to me like the reasons you want to quit are... but there are \_\_\_\_ (things you like about..., things that you would miss..., things that you are worried about having problems with if you...)

Conclude:

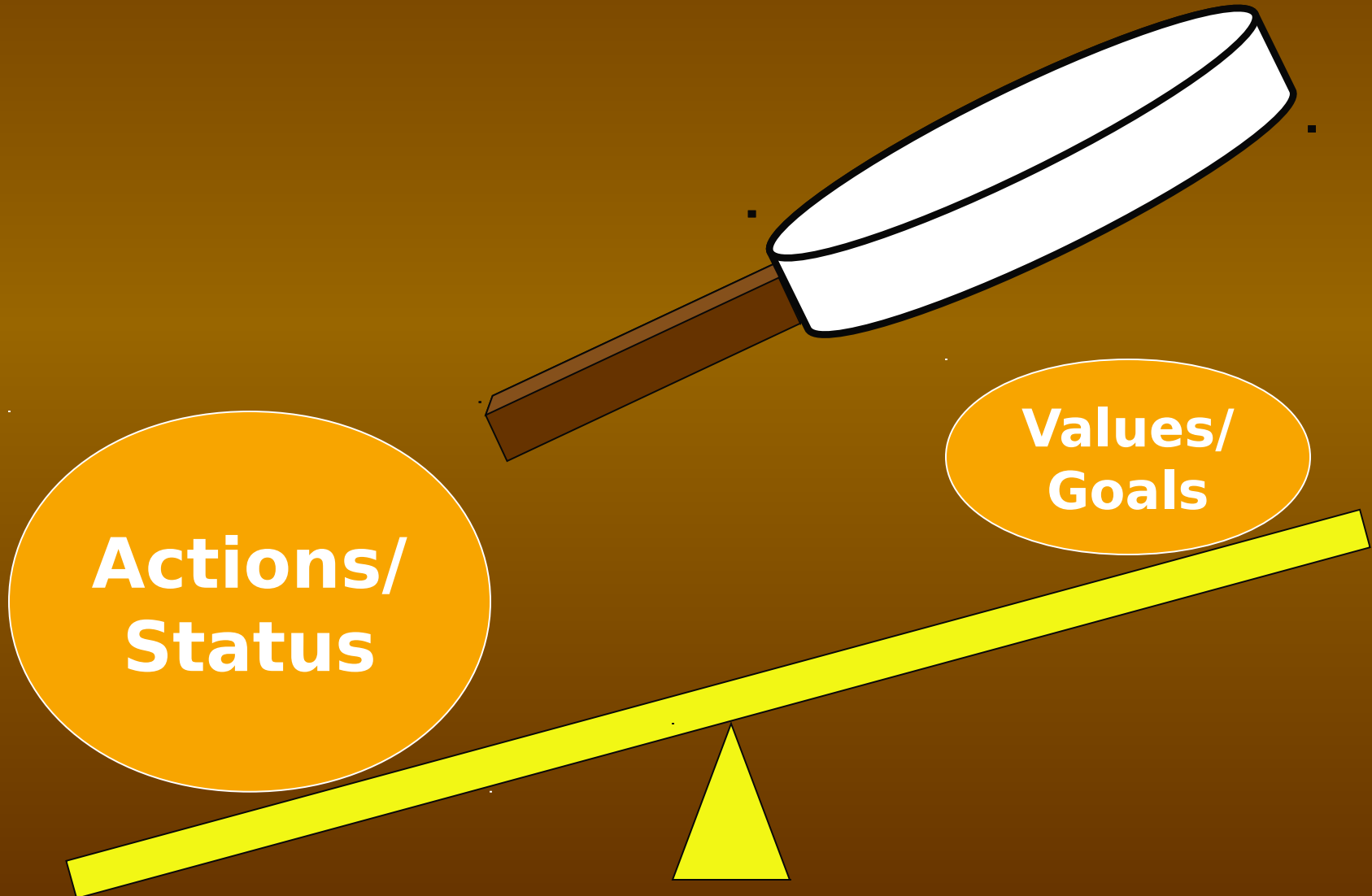
- OK, how did I do?
- What have I missed?
- Anything you want to correct or add?

# Elicit Change Talk

- Self-motivational statements
  - Develop discrepancy
  - Overcome ambivalence
  - Make menus



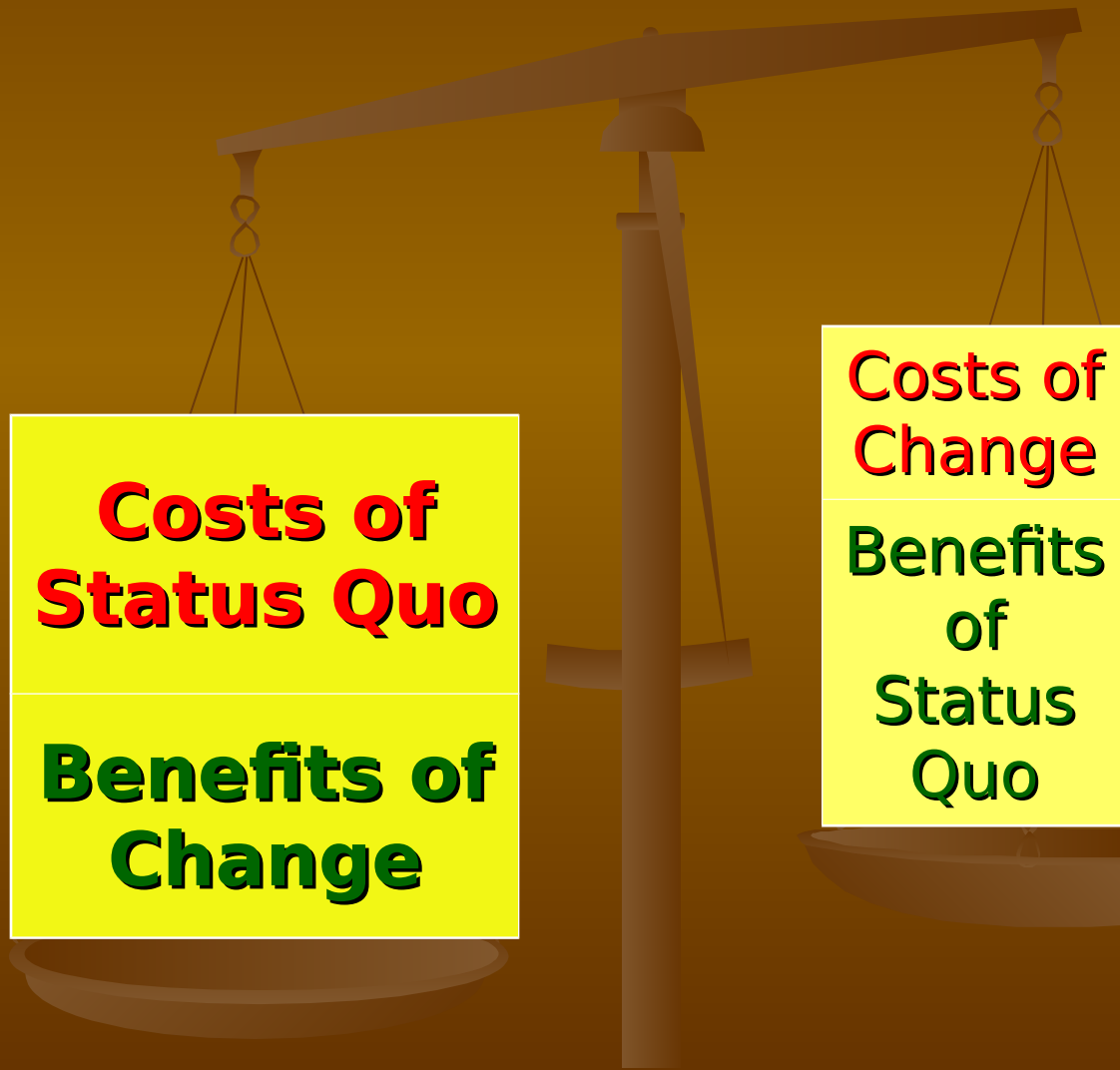
# Developing Discrepancy





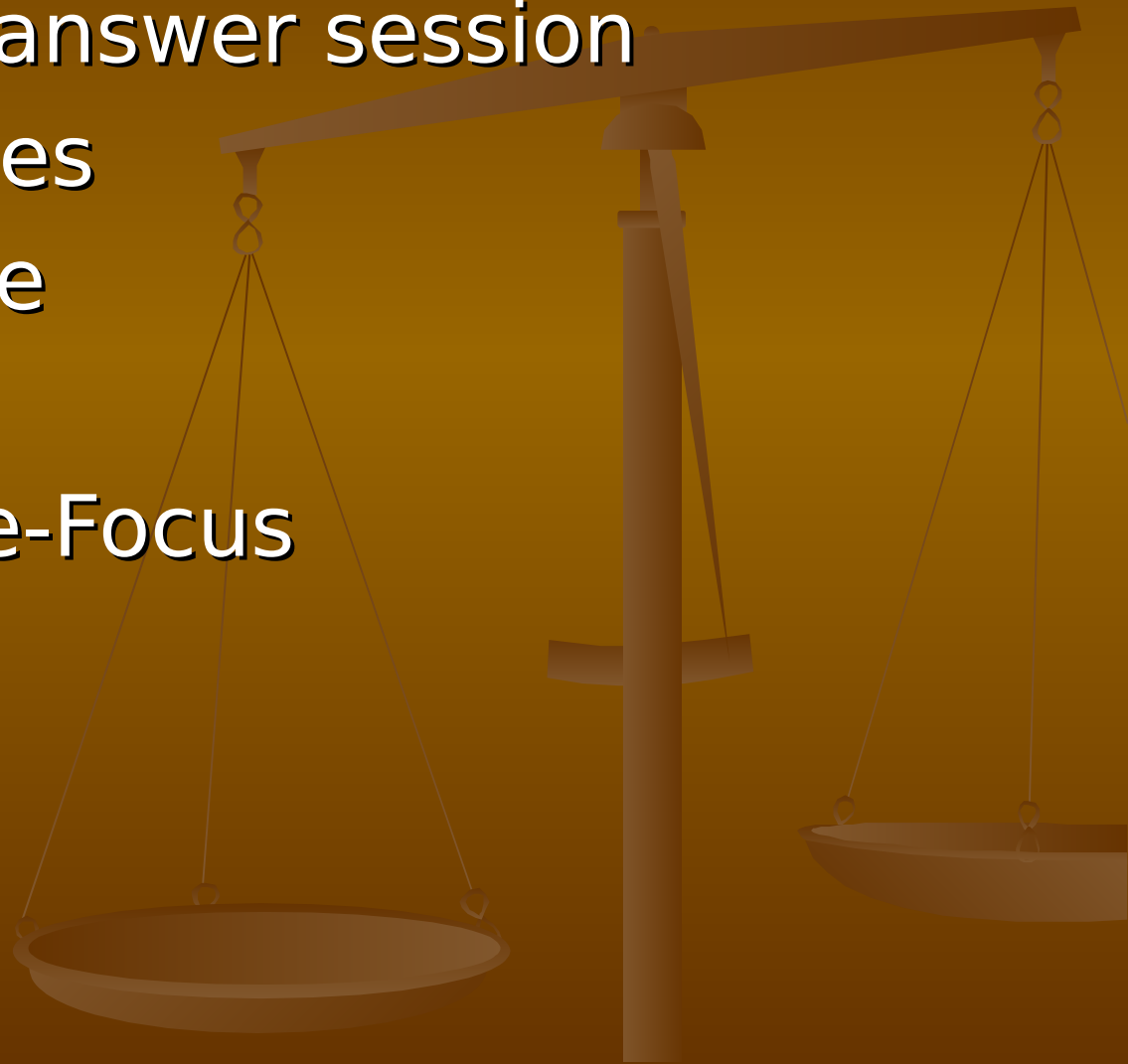
# Overcoming Ambivalence

- Punitive actions or “Attack therapy” don’t work
- Ask: “For what is this person motivated?”
- Decisional Balance



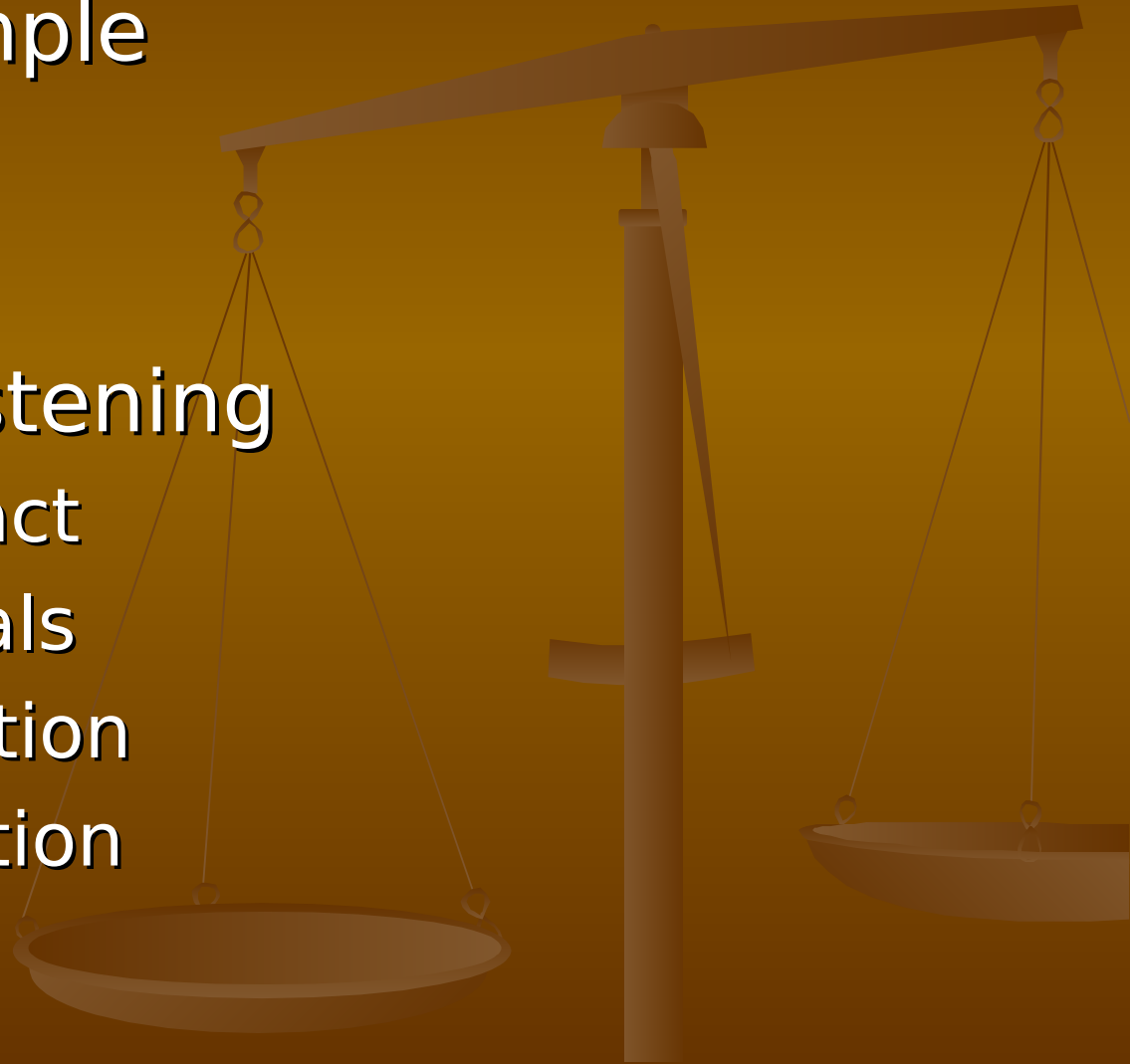
# Traps to Avoid

- Question-answer session
- Taking sides
- Expert role
- Labeling
- Premature-Focus
- Blaming



# Acquiring MI Skills

- Keep it simple
- Feedback
- Role play
- Practice listening
  - Eye Contact
  - Non-verbals
  - Body Position
  - Full Attention



# Brief MI Intervention



**Where is he at?**



# Rollnick's Rulers

## 1. Assess Importance

How *important* is it for you to \_\_\_\_\_?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely  
Important Important

## 2. Summarize/affirm

### 3. What would it take?

# Righting Reflex Questions

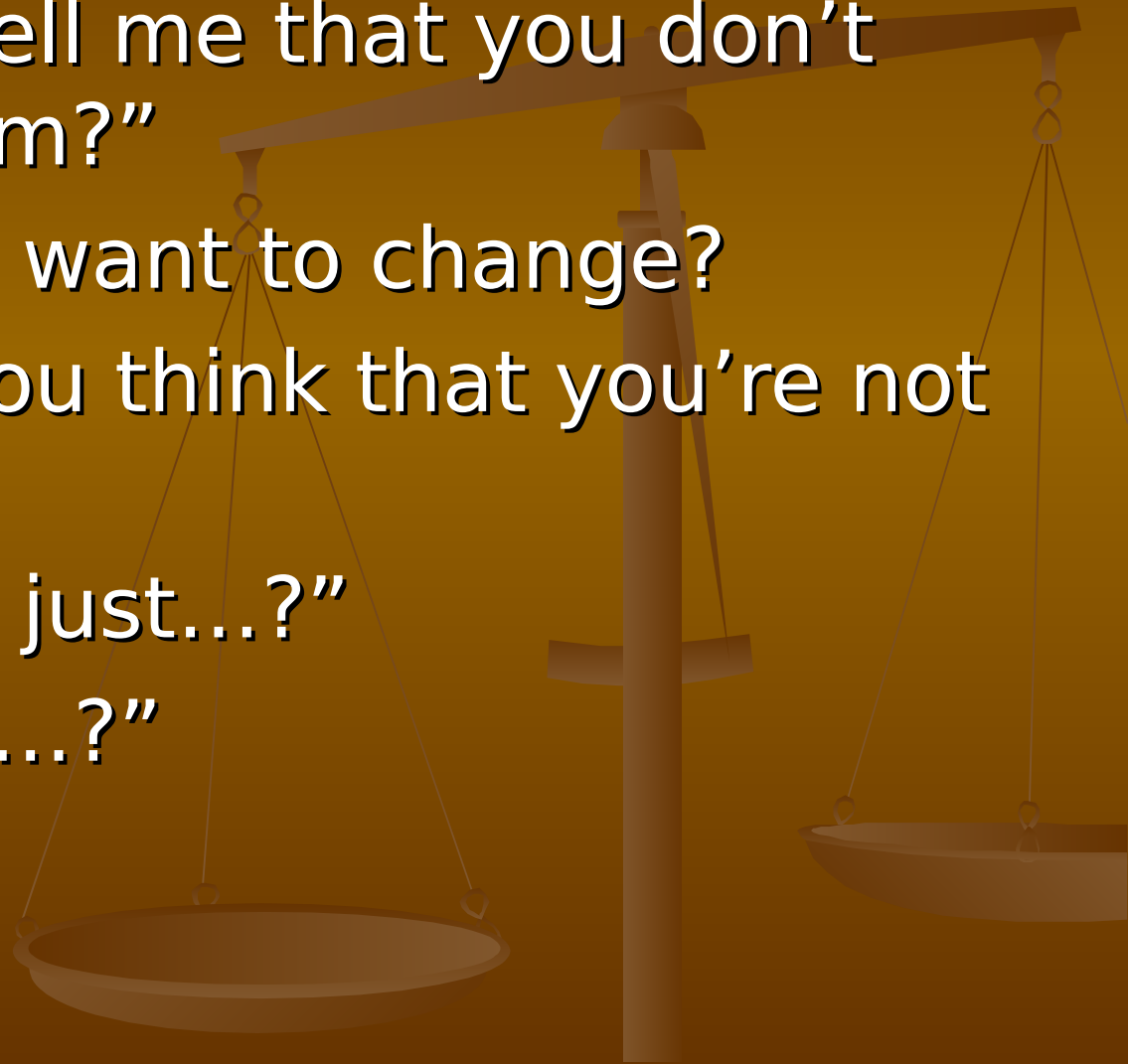
“How can you tell me that you don’t have a problem?”

“Why don’t you want to change?”

“What makes you think that you’re not at risk?”

“Why don’t you just...?”

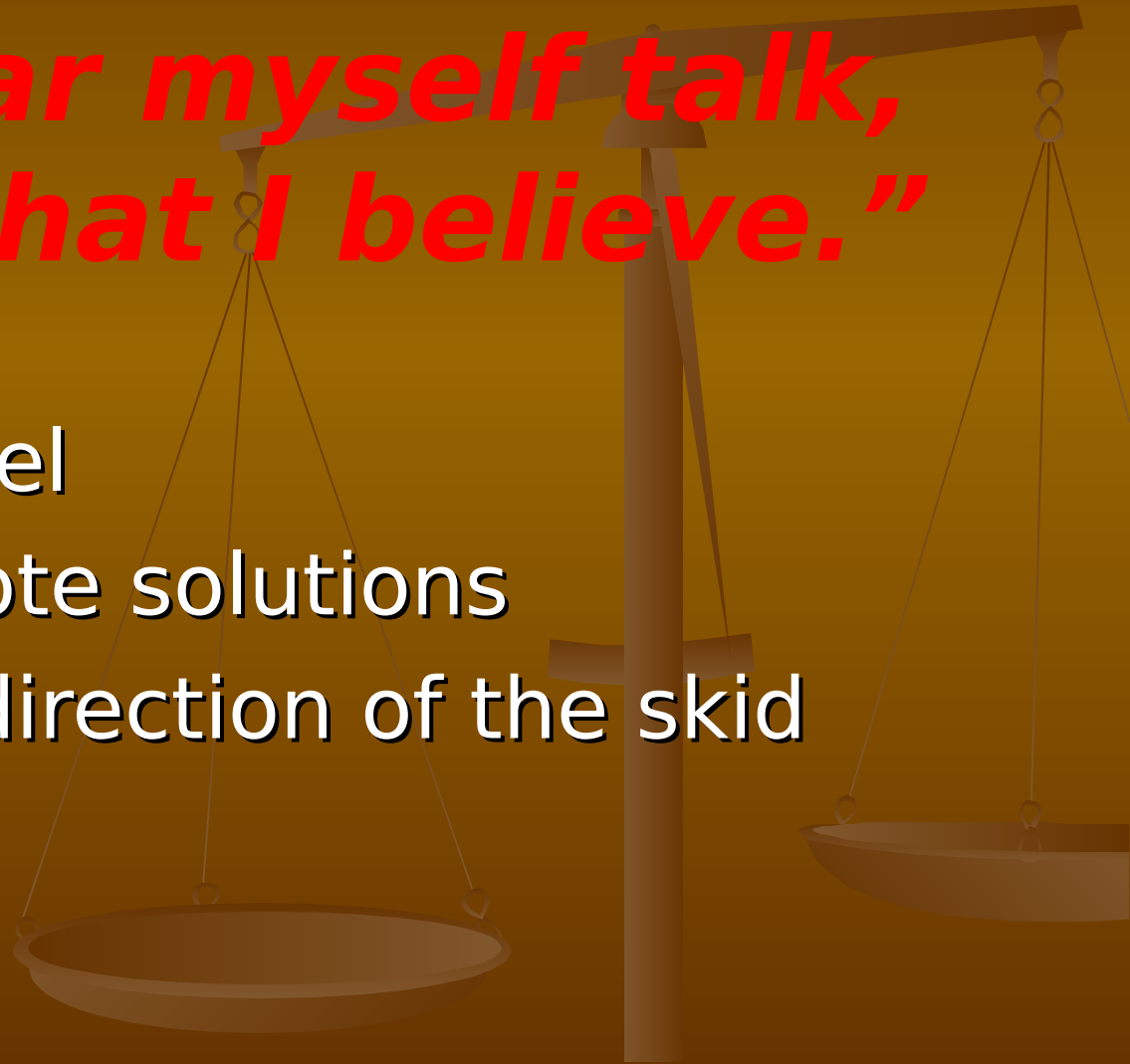
“Why can’t you...?”



# Fight the Righting Reflex

***“As I hear myself talk,  
I learn what I believe.”***

- Don't counsel
- Don't promote solutions
- Turn in the direction of the skid





# Offering Info

## Avoid:

- Argumentation
- Pressure
- Labeling
- Characterization

- Get Permission
- Keep it brief
- Keep it neutral
- Wait for questions

“You aren’t keeping your teeth clean enough. You have a bunch of new cavities, and you need periodontal treatment”

“I’d like to tell you what I’ve found now, OK?”

“You have several cavities, and you’re starting to get gum disease. There’s a lot of plaque on your teeth, which is probably causing both of these problems.”

# Offering Advice



- Get Permission
- Use Menus

“Here are some things that other people have told me worked for them...”

1. ...
2. ...
3. ...

“Tell me which of these might work best for you...” or

“Which of these things would you be willing to try?”

# Rollnick's Rulers

## 5. *Assess Confidence*

How *confident* are you that you *could* \_\_\_\_\_ if you decided to?

0 1 2 3 4 5 6 7 8 9 10

Not at all  
Confident

Extremely  
Confident

## 6. Summarize/affirm

## 7. What would it take?

# Self-efficacy

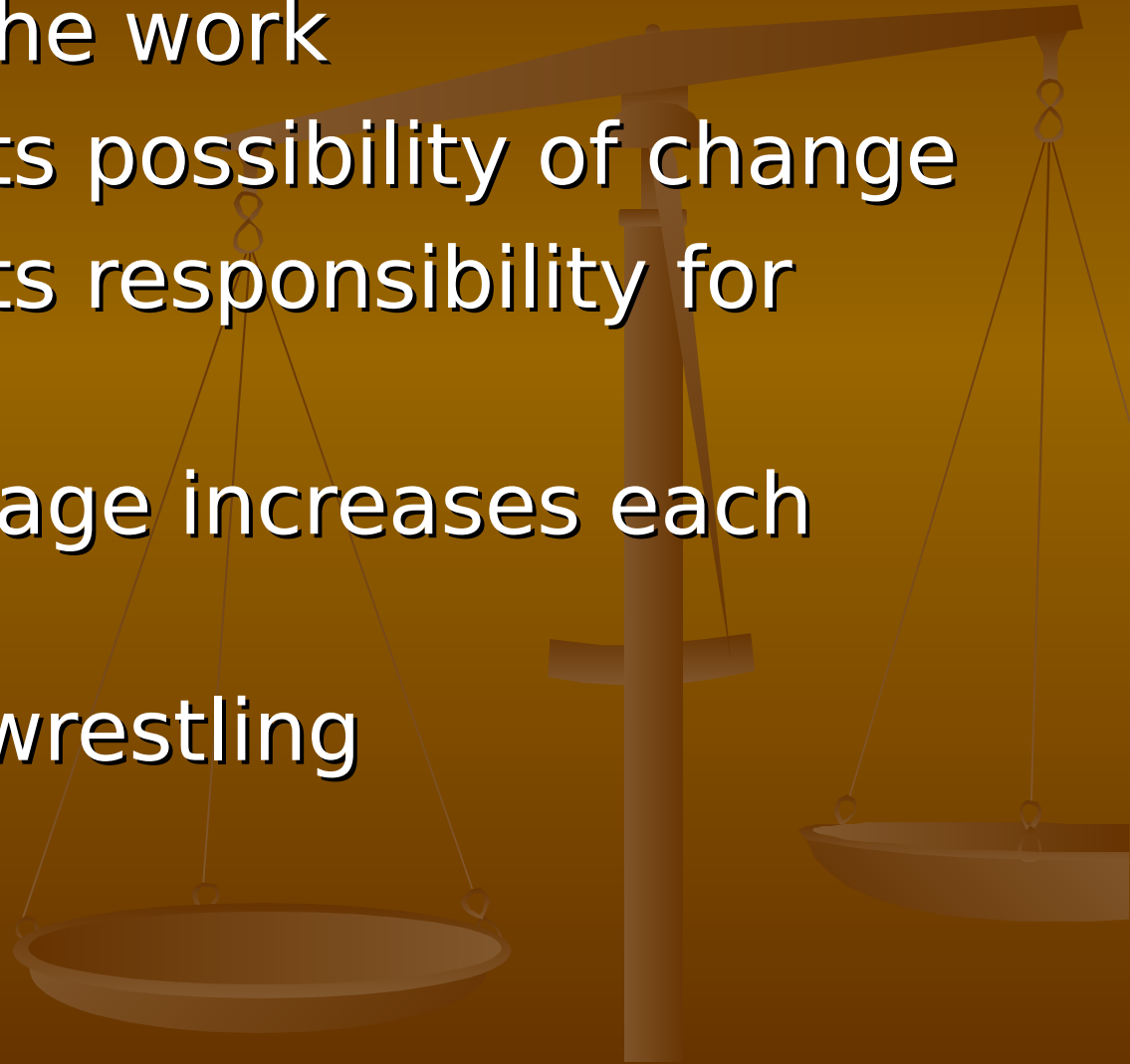
- “So you’re having a problem remembering to brush and floss before you go to bed. I wonder what tricks you could use to remember?”
- “In my experience, people often need to make plans about how they will handle social situations after they stop smoking. What have you done in the past? What has worked before?”
- “I would like to tell you about some strategies that people have found helpful in... I would like you to see which ones you think would be helpful for you.”

# Self-efficacy

- “I know that your job requires you to stay awake and alert for long hours. I wonder what steps you could take that would work in your situation to help you eat and drink less sugar...”
- “When in your life have you made up your mind to do something, and did it?”
- “Think back to something that you did that was really difficult. What helped you do it?”
- “In the past, how have you overcome an important obstacle in your life?”

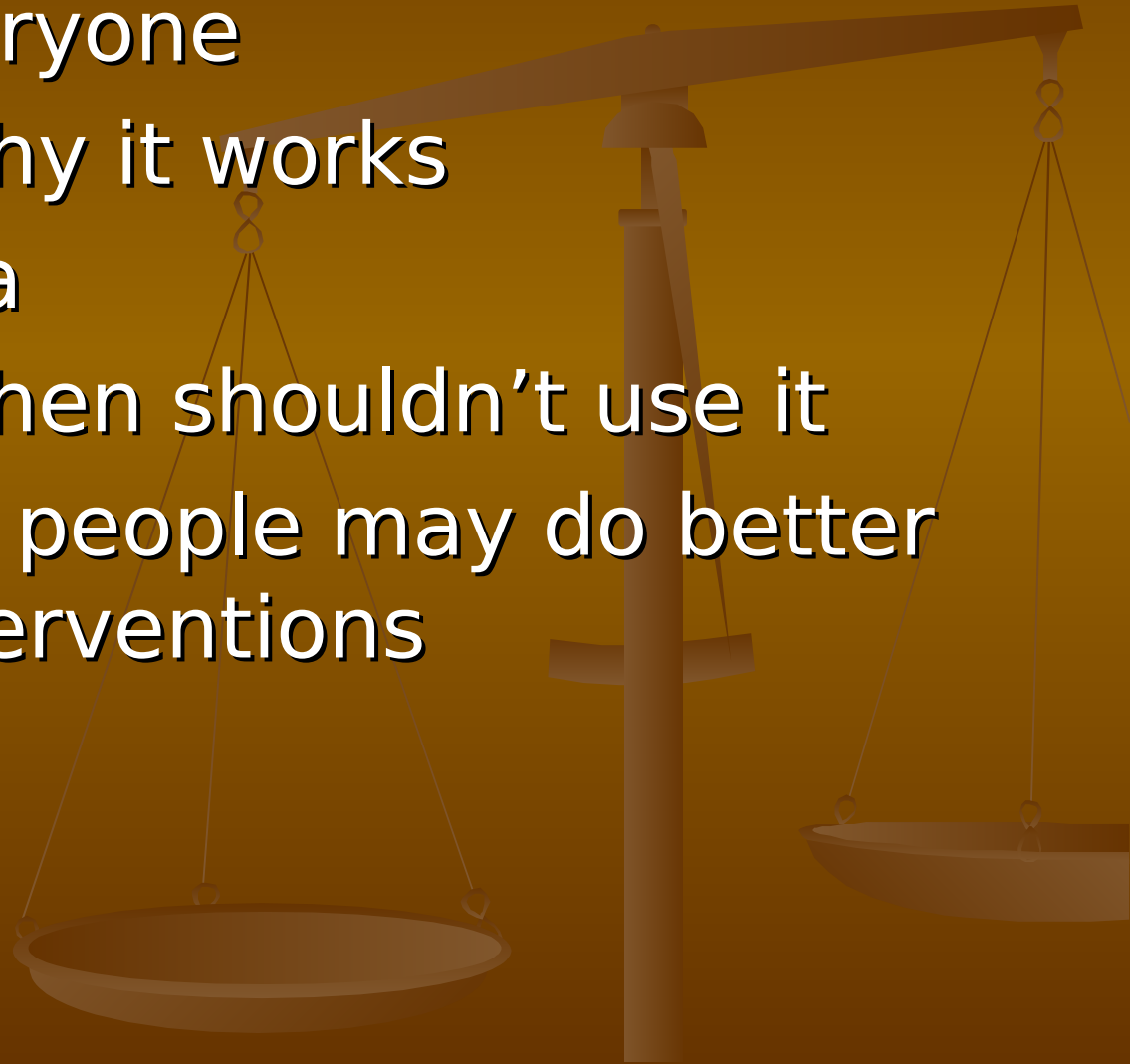
# Productive MI Encounter

- Patient does the work
- Patient accepts possibility of change
- Patient accepts responsibility for change
- Change language increases each time
- Dancing, not wrestling



# Limitations of MI

- It isn't for everyone
- Don't know why it works
- Not a panacea
- Don't know when shouldn't use it
- Less resistant people may do better with other interventions



# Summary

- The four principles of motivational interviewing are...
- The fundamental counseling methods used in motivational interviewing are...
- Rollnick's confidence scales to assess motivation and self-efficacy are asked using...
- Give some examples of Open-ended questions
- Give some examples of words that typify reflective listening
- Summarize patient's change motivations?



# References

The content for this presentation was obtained from the following references:

- Motivational Interviewing: preparing people for change, 2<sup>nd</sup> ed. WR Miller, S Rollnick. Guilford Press, New York, 2002.
- Behavioral Dentistry, 1st edition. DI Mostofsky, AG Forgione, and DB Giddon Blackwell Publishing, Munksgaard, 2006.
- Miller W. (2003). Motivational Interviewing in Service to Health Promotion. *The Art of Health Promotion*. Jan/Feb:1-12.
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- VanWormer JJ, Boucher JL, (2004) Motivational Interviewing and Diet Modification: A Review of the Evidence. *The Diabetes Educator*. 30(1): 404-416

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# Questions?

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<http://chppm-www.apgea.army.mil/dhpw/OralFitnessMain.aspx>



# Resources

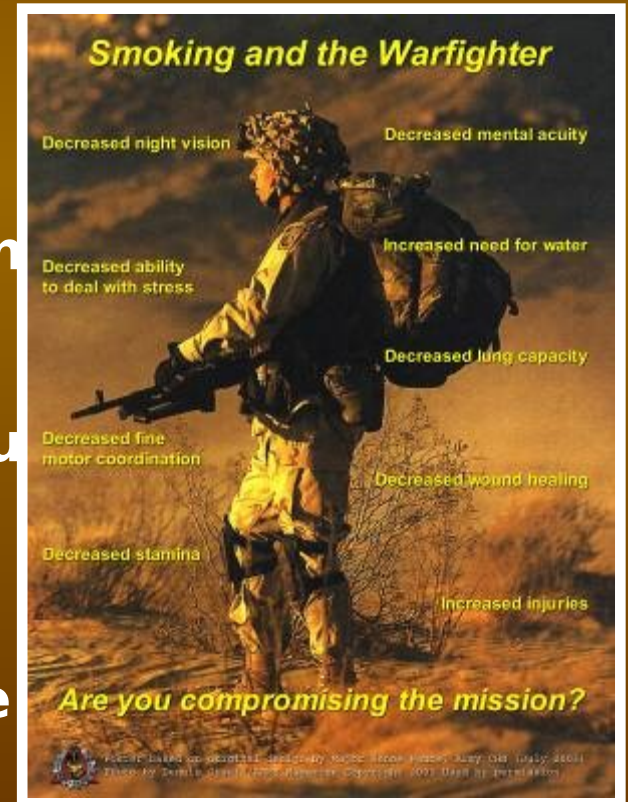
***Everything you put in your  
mouth  
affects your oral health!***

# Health Promotion & Wellness

Director - COL Joann Hollandsworth  
Consultant to The Surgeon General for Health Promotion

***Integrates wellness in the total Army by evaluating and implementing health promotion initiatives***

- **Provides evidence-based information**
  - Deployment stress cards
  - Tobacco cessation tool kits
  - Health Promotion Director's Cou
- **Manages Hooah4Health (H4H)**
- **Integrates health promotion into the Army's Well-Being Program**



# Oral Health Projects

- Integrate Oral Health into Health Promotion Projects/Policies
- Operation TRU
  - Reduce degradation of dental readiness during deployment
- Oral Fitness
  - Improve the dental readiness and wellness of Soldiers by increasing Soldier and Leader awareness of the impact of oral diseases/injuries on readiness and operations
- Oral Health Impact
  - Establish a metric to assess the impact of oral diseases on Soldiers' Duty Performance and Well-Being.

# Oral Fitness



## Completed:

- Maternal and Infant oral health presentation
- Website  
<http://chppm-www.apgea.army.mil/dhpw/OralFitnessMain.aspx>
  - Oral Health materials tailored to Soldiers and Leaders
  - Provider's patient education and CE resources
  - DENCOT Health Promotion materials
  - FHP Dental Track materials
- Caries Risk Self-assessment Tool  
<http://chppm-www.apgea.army.mil/decay/>

## Ongoing:

- Infant oral health brochures in English and Spanish
- Dental Readiness training video – pre and post test at 5 sites





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 search

## US Army Center for Health Promotion and Preventive Medicine

Directorate of Health Promotion and Wellness (DHPW)

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Expertise/Consultative  
Services](#)[DHPW Site Map](#)[Contact DHPW](#)

## Oral Fitness Program

(Updated 7 March 2006)

The mouth is a strategic resource with essential functions:

- Energy Intake (Sustainment)
- Communication (Operations)

Oral Fitness (Dental Readiness) is essential for Unit Readiness. Oral diseases have a disruptive effect on mobilization and sustainment operations.

- Time treating oral diseases or injuries detracts from unit maintenance and training
- Soldiers who are free of oral disease are up to 8 times less likely to require dental treatment during deployment
- Soldiers who maximize their Oral Fitness support the Army transformation to a more responsive, lethal, agile, versatile, survivable, and sustainable force.



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**Soldiers Can Ensure Oral Fitness**

The best way to maintain Oral Fitness is to prevent dental disease from developing in the first place. Who has the most power to ensure a soldier's Dental Readiness? Find out at the [Soldier's Oral Fitness](#) page.

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**Leaders Make the Difference**

Leaders (Commanders and NCOs) can find out how to improve their unit's Dental Readiness on the [Leader's and Unit Dental Readiness](#) page.

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**Health Care Provider's Role**

**All** health care providers are "on the front line" in the war against oral disease, not just dental health care providers. Research findings are confirming associations between chronic oral diseases and nutritional deficiencies, diabetes, lung diseases, cardiovascular disease, stroke, and low-birth-weight, premature births. The mouth is the window to overall health and well-being.

Learn how you can improve your patients' overall health on the [Oral Health Resources for Health Care Providers](#) page.

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[Oral Fitness Resources and Fact Sheets](#)

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## Oral Fitness Resources and Fact Sheets

Updated 30 August 2005



### Fact sheets

#### Tooth decay and gum disease prevention

[Choose Your Weapon: Floss](#)

[Choose Your Weapon: Mouth rinses](#)

[Choose Your Weapon: Toothbrush](#)

[Field Oral Hygiene](#)

[Fight Dental Decay with Sealants](#)

[PMCS Your Grill!](#)

[What's your Dental I.Q.?](#)

#### Nutrition and dental readiness

[Healthy Hydration](#)

[Nutrition and Oral Health](#)

[Smart Snacking](#)

[Xylitol Fights Decay](#)

#### Oral cancer prevention

[Oral Cancer](#)

[Tobacco and Oral Health](#)



### ORAL FITNESS FACT SHEET

## Field Oral Hygiene

It is very important to maintain good oral hygiene in the field. Decay and gum disease. Toothbrush, toothpaste, and dental floss are part of the Health and Comfort Pack (HCP), Type II (NSN 8870-01-280-1000).

#### Your risk of tooth decay increases in the field:

- Rations have a high amount of starch and sugar.
- Bacteria in your mouth use starches and sugar to produce acids that cause tooth decay.
- Not brushing for just a few days can cause gingivitis (bleeding gums).
- If gum disease already exists, it can worsen.



Failure to clean the mouth can lead to decay and gum disease (photo). Photo courtesy of Carl K.

#### Field-friendly flossing

Flossing cleans the areas between the teeth and under the gums where brushing cannot reach. Floss to prevent both decay and gum disease.

- Use 12-18 inches of floss.
- Floss once per day, before brushing.
- Wrap the ends of the floss around your middle fingers.
- Use your index fingers to guide it between your teeth.



#### Field-friendly brushing

Brush at least twice daily with fluoridated toothpaste. Fluoride hardens the tooth enamel. You can brush without running water and a sink.

- Apply toothpaste to the dry toothbrush and brush all surfaces of the teeth thoroughly.
- Pour a small amount of water (about 1/2 cup) over the bristles to rinse them.
- DO NOT rinse your mouth after brushing.
- Don't eat or drink anything for at least 30 minutes after brushing. The fluoride will stay on your teeth longer and protect the surfaces of your teeth better.



Directorate of Health Promotion and Wellness  
<http://chppm-www.apgea.army.mil/dhpw/oralfitness/OralFitnessResourcesFactSheets.aspx>



### ORAL FITNESS FACT SHEET

## Healthy Hydration Make Water Your First Choice!

Drinking plain water is the best way to re-hydrate. Sports drinks, soda, fruit juices, punch, or powder-based beverages can prevent dehydration, but they contain large amounts of sugar, either sucrose (table sugar), fructose (fruit sugar), or high fructose corn syrup (sugar syrup with extra sugar). The sugar in these drinks can interfere with weight control. For example, a 20 oz. sports drink that has about 30 grams of sugar can cancel out the calories burned during a 20 minute run. Sipping these drinks between meals can also cause tooth decay.

- Bacteria in your mouth use the sugar in drinks to make acids. The acids attack your teeth.
- Sodas are very acidic. They can wear down the surfaces of your teeth, causing decay.

Thirst is a signal that your body is already on the way to dehydration.

There is no benefit to drinking anything except plain water during or after exercise that lasts an hour or less.

- Replace electrolytes such as sodium and potassium after high-intensity exercise that exceeds 1 hour.
- Drink water and eat a small snack containing 120-240 calories from complex carbohydrates.
- Low calorie or sugar-free sports drinks can reduce decay without adding extra calories to your diet.



Drink water regularly and frequently, before the signs of thirst appear.

Consider other options for healthy hydration to reduce your risk of tooth decay:

- Add a small amount of lemon or lime juice to flavor your water.
- Drink skim or low-fat milk.
- Combine sugar-sweetened drinks with meals.
- Drink unsweetened herbal tea.
- Dilute fruit juices to half-strength if you don't drink them during prolonged workouts and competitions.
- Avoid drinking beverages with caffeine or alcohol as these will cause your body to lose water.
- Other foods such as homemade soups and fruit smoothies also provide fluids.



# Oral Health Impact

Purpose: Establish a metric to assess the impact of oral diseases on Soldiers' duty performance and Well-Being.

<b>Did a problem with teeth, mouth, dentures or jaw joint during past 12 months cause:</b>	Officer	Enlisted	Total
A painful ache in your mouth, jaw joint, face or head?	27.3%	35.7%*	34.2%
Avoided eating certain foods?	19.4%	27.6%*	26.0%
Difficulty sleeping?	14.6%	23.7%	22.0%
Difficulty relaxing or participating in after-work activities?	14.7%	22.8%	21.3%
Difficulty concentrating on your work?	14.4%	22.3%	20.8%
Lost time from work to be in quarters to go on sick leave?	10.6%	21.3%*	19.3%

\* Jr. enlisted were significantly more likely to have a problem than Sr.